

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 10 1933

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County.....  
Township.....  
City.....

Registration District No.....

Primary Registration District No.....

File No. 34713  
Registered No. 8875  
Ward.....

2. FULL NAME

(a) Residence, No. 4025 North Florissant Ave. Ward. 26  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lawrence E. Toal Sr.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 19, 1877

7. AGE YEARS 56 MONTHS 2 DAYS 22 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis Mo. (STATE OR COUNTRY)

13. NAME Herbert Trigg

14. BIRTHPLACE (CITY OR TOWN) England (STATE OR COUNTRY)

15. MAIDEN NAME Elizabeth Heidkamp

16. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Lawrence E. Toal Sr. 4025 North Florissant Ave.

18. BURIAL, CREATION, OR REMOVAL PLACE St. Louis DATE Oct. 14, 1933

19. UNDERTAKER (ADDRESS) Matt. Hermann and Son 1401 East Fair Ave.

20. FILED J. H. Brebeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 20, 1933 to Oct. 11, 1933. I last saw her alive on 10/11, 1933. Death is said to have occurred on the date stated above, at 8:30 A.m. The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus  
59  
107A  
Date of onset 1930

Other contributory causes of importance: Broncho Pneumonia Oct 5-33

Name of operation..... Date of.....  
What test confirmed diagnosis? Rhup. Exam. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19..... Where did injury occur?..... (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify..... (Signed) J. H. Brebeck, M. D. (Address) 3632 Washington

